

REGULAR EPI-PEN Bee Allergy Action Plan

Student's

Name: _____ D.O.B: _____ Teacher: _____

ALLERGY TO: _____

Asthmatic Yes* ____ No ____ *Higher risk for severe reaction

STEP 1: TREATMENT

Symptoms:

- If stung, but *no symptoms*:
- Mouth Itching, tingling, or swelling of lips, tongue, mouth
- Skin Hives, itchy rash, swelling of the face or extremities
- Gut Nausea, abdominal cramps, vomiting, diarrhea
- Throat† Tightening of throat, hoarseness, hacking cough
- Lung† Shortness of breath, repetitive coughing, wheezing
- Heart† Thready pulse, low blood pressure, fainting, pale, blueness
- Other† _____
- If reaction is progressing (several of the above areas affected), give
The severity of symptoms can quickly change. †Potentially life-threatening.

Give Checked Medication**:

** (To be determined by physician authorizing treatment)

_____ Epinephrine _____ Antihistamine

_____ Epinephrine _____ Antihistamine

_____ Epinephrine _____ Antihistamine

_____ Epinephrine _____ Antihistamine

_____ Epinephrine _____ Antihistamine

_____ Epinephrine _____ Antihistamine

_____ Epinephrine _____ Antihistamine

_____ Epinephrine _____ Antihistamine

_____ Epinephrine _____ Antihistamine

DOSAGE

Epinephrine: inject intramuscularly (circle one)
(see reverse side for instructions)

EpiPen®
Twinject™ 0.3 mg

EpiPen® Jr.
Twinject™ 0.15 mg

Antihistamine: give _____
medication/dose/route

Other: give _____
medication/dose/route

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

STEP 2: EMERGENCY CALLS

1. Call 911 (or Rescue Squad: _____) . State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. _____ Phone Number: _____ at _____

3. Parents _____ Phone Number(s) _____

4. Emergency contacts:

Name/Relationship Phone Number(s)

a. _____ 1.) _____ 2.) _____

b. _____ 1.) _____ 2.) _____

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

Parent/Guardian Signature _____ Date _____

Doctor's Signature _____ Date _____



Name: _____ D.O.B.: _____

Allergy to: _____

Weight: _____ lbs.

Asthma: [] Yes (higher risk for a severe reaction) [] No

For a suspected or active food allergy reaction:

**PLACE
STUDENT'S
PICTURE
HERE**

FOR ANY OF THE FOLLOWING
SEVERE SYMPTOMS

[] If checked, give epinephrine immediately if the allergen was definitely eaten, even if there are no symptoms.



LUNG

Short of breath, wheezing, repetitive cough



HEART

Pale, blue, faint, weak pulse, dizzy



THROAT

Tight, hoarse, trouble breathing/swallowing



MOUTH

Significant swelling of the tongue and/or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting or severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION of mild or severe symptoms from different body areas.

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. **Use Epinephrine.**



- 1. INJECT EPINEPHRINE IMMEDIATELY.**
- 2. Call 911.** Request ambulance with epinephrine.
 - Consider giving additional medications (following or with the epinephrine):
 - » Antihistamine
 - » Inhaler (bronchodilator) if asthma
 - Lay the student flat and raise legs. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport student to ER even if symptoms resolve. Student should remain in ER for 4+ hours because symptoms may return.

NOTE: WHEN IN DOUBT, GIVE EPINEPHRINE.

MILD SYMPTOMS

[] If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.



NOSE

Itchy/runny nose, sneezing



MOUTH

Itchy mouth



SKIN

A few hives, mild itch



GUT

Mild nausea/discomfort



- 1. GIVE ANTIHISTAMINES, IF ORDERED BY PHYSICIAN**
- Stay with student; alert emergency contacts.
- Watch student closely for changes. If symptoms worsen, **GIVE EPINEPHRINE.**

MEDICATIONS/DOSES

Epinephrine Brand: _____

Epinephrine Dose: [] 0.15 mg IM [] 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if asthmatic): _____

PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE

PHYSICIAN/HCP AUTHORIZATION SIGNATURE

DATE